State of South Dakota Statement of Financial Interest Candidate for Public Office



File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing	g this form.
1. Name Maxine Broken NOSE	
2. Address House#6 North Rilge Pi	ne Ridge, S.D. 57770
3. Office Sought District 27 Hou	Se
4. What is your occupation/profession?	e V
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.
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the capital or stock. Identify who has the ownership interest in each enterprise.	What is the nature of your immediate family's association with each? Non association
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State of South Dakota) SECRETOR) SS. County of Penning to SS.	Verification
I have reviewed paragraphs 1 through 6 of the Information Restatement of Financial Interest and certify that the information my financial interests for the preceding calendar year. (Signed	n reported is a complete, true and accurate representation of
Sworn to before me this state of Sunt.	, 20 06.
(Seal)	Officer Administering Oath
Revised 1997 SEAL	My commission expires: